

Teen Snow Shoveling Project

A joint effort of the Council on Aging and the Mayor's Summer Youth Employment Program

Name (Print neatly!): _____

Address: _____

Date of Birth: _____ Age: ____ Do you have your own shovel? Yes ☐ No ☐

Contact Information (You must be willing to share at least one phone number with clients)

Cell Phone: _____ Share with clients ☐

Home Phone: _____ Share with clients ☐

Email: _____ Share with clients ☐

**What neighborhoods can you shovel in? (Remember, you'll be travelling in the snow!)
Check the box for all of the neighborhoods you're willing to shovel in.**

- | | |
|--|--|
| <input type="checkbox"/> Amigos School, 15 Upton Street . | <input type="checkbox"/> Baldwin School, 28 Sacramento St. |
| <input type="checkbox"/> Cambridge Rindge & Latin, 459 Broadway | <input type="checkbox"/> Cambridgeport School, 89 Elm St. |
| <input type="checkbox"/> Fletcher/Maynard Academy, 225 Windsor St. | <input type="checkbox"/> Graham & Parks School, 44 Linnaean St. |
| <input type="checkbox"/> Haggerty School, 110 Cushing St. | <input type="checkbox"/> Kennedy/Longfellow School, 158 Spring St. |
| <input type="checkbox"/> Cambridge St. Upper School, 850 Cambridge St. | <input type="checkbox"/> Morse School, 40 Granite St. |
| <input type="checkbox"/> Rindge St. Upper School, 70 Rindge Ave. | <input type="checkbox"/> Vassal Ln. Upper School, 197 Vassal Ln. |

Youth Signature_____

Today's Date_____

I give permission for my child to participate in Cambridge's Department of Human Services' Snow Shoveling Project. I am aware that s/he may be contacted to shovel during any snowstorm or on weekends.

Parent's Signature_____ Today's Date_____

Applications must be returned to one of the following: CRLS Youth Employment Center (Room 2101), Council on Aging (806 Mass. Ave.), or the Office of Workforce Development (51 Inman St.).